

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF CHRONIC DISEASE AND INJURY CONTROL
DIABETES & OTHER CHRONIC DISEASES SECTION
DIVISION OF CHRONIC DISEASE AND INJURY CONTROL**

**GUIDELINES FOR THE ANNUAL REVIEW AND PLANNING PROCESS AND FOR WRITING
THE ANNUAL REPORT**

Standard 3 requires programs to conduct yearly evaluations. At the time of certification and recertification, the agency's administrator and program coordinator sign an agreement that states an annual report will be submitted to MDCH. The purpose of an annual review process is to promote quality, proactive planning that "addresses community concerns" (National Standards for Diabetes Self-Management Education). A comprehensive assessment on a yearly basis of the specific components listed in the Annual Reports Policy/Procedure will help ensure that strengths of the program are maintained, weaknesses identified and improvements are made. Additionally, the written report describing this process provides evidence to MDCH that programs are implementing the certification standards on an ongoing basis and identifies programs that may require assistance.

Specific documentation is necessary for the report reviewer to make a judgment about the quality of the process, without having the benefit of dialogue. A statement of "adequate" to indicate that "adequacy of resources" was addressed does not indicate to the reviewer that a comprehensive assessment of resources was done. What occurred to enable making that judgment? For example, was program revenue sufficient to purchase additional, updated educational supplies? (indicator of adequate budget). Is the wait period equal to or less than a set standard or does it meet the satisfaction of participants? (indicator of adequate staff). A narrative that describes how your program is structured and how it's supposed to operate (i.e. participants enter the program via physician referral and are called within 1 to 2 days of referral receipt) is less informative than a brief narrative that includes evaluative information, i.e. discriminatory criteria used to determine that the program remains appropriately structured and that policies regarding program operations are being implemented (i.e. did you attempt to evaluate anytime during the past year the extent to which participants are called within 1 to 2 days of referral). Regardless of how you marketed your program during the past year, were these strategies effective? If you determined that they were effective, what information/evidence led you to that determination?

The information submitted should provide sufficient evidence that an analysis of program operations and outcomes occurred. It is not necessary to submit copies of tracking systems that depict all program statistics. That information is relatively meaningless to a reviewer without something to compare it with. The information in the report should indicate what data were tracked to evaluate each of the specific components required, identifying key numbers or rates, and describe how it was analyzed and interpreted. Describe the data in a meaningful manner, i.e. how does the data compare to something (a goal, a baseline, the previous year, a standard). For example:

- Was enrollment higher or lower than last year; why was it different and what implications does the change have for the program?
- Were referrals from certain key sources decreased or increased; why were they different and what implications does the change have for the program;
- Did participants do better or worse relative to achieving particular behavior change outcomes compared to last year?
- Are there trends in participants' characteristics?
- How was the follow-up rate different from last year

Specific data/program characteristics or phenomenon that should be tracked are not typically specified in the standards and the way that different programs evaluate the required components - "participant access" for example will likely vary. The specific methods used by your program to evaluate the various required components should be identified in the report. There should be evidence in the report that the methods used to make judgments about your program's effectiveness at, for example, getting people into classes, (participant access) were based on objective criteria as opposed to anecdotal information.

Some specific guidelines for each of the required components are provided below and an “Annual Report Worksheet Form” is available for your use if desired to document your review and planning process (**this is optional**). The “Annual Report Worksheet Form” was developed as a tool to facilitate streamlining the review and planning process for programs and to help ensure that sufficient information is included in the report. If you submit the minutes from your advisory committee’s annual meeting, the minutes should include the information identified above.

A sample report demonstrates how the “Annual Report Form” can be used. Annual review and planning is an integrated process and using the format of the “Annual Report Form” may also enable programs and reviewers to more readily determine how one component influences another.

Additional Guidelines for Annual Report and Planning Process (examples of specific criteria that may be used to address each of the required components)

Advisory Group:

Review (analysis): Was participation at a satisfactory level? Were special population/s represented among community representative stakeholders? Are current members representative of your program’s stakeholders (a person who has a vested interest in what will be learned from an evaluation and how that knowledge will be utilized).

Plan: Identify any changes in members relative to change in special population targeted or unsatisfactory participation by some members?

Previous Year’s goals/objectives:

Review (analysis): Were they met or unmet? If not met, describe why.

Plan: Revise unmet program objectives or abandon if decided unrealistic. Program plans, based on review of the required components, may be incorporated into a program objective for the next year.

Participant Access (definition – “process by which participants enter the program”)

Review (analysis): Describe how you analyzed the effectiveness of the previous years’ strategies/mechanisms to meet expectations regarding program referrals/enrollment; e.g. are numbers and sources as expected. If not, why not? How many referrals do not enroll: How many enroll but do not show? Does this relate to the accessibility of your classes? How many referrals not able to accept and why; response time from referral to initial contact.

Plan: Is there a need to change marketing strategies. Is there a need to change enrollment process that may present a barrier to enrollment or participation? Is there a need to partner with community resources to provide transportation or increase referrals from certain population groups? Should you establish closer relationship with acute care staff to increase referrals from the hospital?

Population Data

Review (analysis): Identify number of participants served. Identify breakdown of participants according to pertinent characteristics such as age, ethnicity, diabetes type, geographic service area, how many received individual versus group instruction; insurance coverage type, “no-pay”, literacy level, etc. Identify significant variations (are participants increasing or decreasing); are numbers consistent with expectations? If not, why not? How do participants served compare with target population, (see page ____ “target population”) particularly if specific groups were targeted (race, ethnicity, age, diabetes type, other special characteristics). If not, why not. Is drop out rate significant/different from previous year/s; are there differences in attendance related to time of year; time of day; day of week?

Plan: If data reflect unsatisfactory rates, what strategies might decrease any barriers? If program resources do not make it feasible to implement a plan to decrease barriers, will target population or perhaps the mission statement be changed?

Follow-Up Rates

Review (analysis): Describe changes in rate from previous year, compare your rate to other similar programs – is it satisfactory or not? If not, why not? Identify f/u time frame – does this remain appropriate?

Plan: Is there a need to change the method of obtaining f/u or changing the time frame for obtaining f/u.

Adequacy of Resources

Review (analysis): Identify average class size. Is average class size appropriate for classroom? Are class size and location/physical aspects of classroom appropriate for characteristics of participants? Are participants satisfied with things like class size, accessibility (time/dates classes offered), staff competency, timeliness of staff responses to participant questions/needs; wait list lengths. Identify current staffing. Is there: Ability to provide 1:1 if needed? What is response time after referral? Is Documentation of clinical records complete? To what extent are learner objectives met after the session? Are staff performance evaluation outcomes satisfactory? Do staff complete required numbers of contact hours? Are behavior change outcomes satisfactory? Does a teaching materials/curriculum audit indicate currency/applicability to target population? To what extent has your program attained goals r/t budget; how has your budget changed? Is the reason that you are not seeing adequate numbers of your target population due to inadequate resources?

Plan: Is there a need for a change in: Curriculum; teaching methodologies; teaching materials; AV equipment. Is there a need for budget allocation for specific resources (staff additions/training, new teaching materials; translator); Is there a need to partner with a community agency for class space? Is there a need to increase resources to meet the needs of people without insurance or ability to pay.

Behavior Change Goal/s Outcome Measures and Clinical/Health Status Outcome Measure

Review (analysis): Are aggregate rates r/t behavior change goal tracking acceptable or not with respect to each category (AADE identifies 7 education outcome areas – 1) physical activity; 2) food choices; 3) medication administration; 4) monitoring of blood glucose; 5) problem solving regarding blood glucose highs and lows, and sick days; 6) risk reduction activities; 7) psychosocial adaptation). Compare with previous year/other programs; if not acceptable, why not. Was the population outcome measure chosen last year acceptable or not? If not, why not

Plan: What program changes should be made r/t behavior change goal outcomes? If population outcome measure not met, what program change might be made? What population outcome measure will be monitored for next year? If achieved outcome in previous years, consider choosing a different one. Describe how this measure will be measured and evaluated. Should a CQI project related to any of the outcome measures be initiated?

CQI Process: CQI is a daily operational philosophy; a cyclic series of steps designed to enhance DSMT processes leading to improved participant and DSMT outcomes. CQI focuses on achievement of higher levels of performance (incremental, continuous). It is a written, formal process that systematically monitors, analyzes, and improves performance. The model used should include a mechanism for monitoring key indicators and a process for implementing improvement project/s when opportunities for improvement are identified (CQI is not just monitoring/measuring outcomes).

Review (analysis) The annual report should briefly describe how the CQI process was implemented during the past year (e.g. briefly describing how you determined program strengths and weaknesses and then describe a specific CQI project either in process or that had recently been completed). There should be at least 1 CQI project occurring every year.

Plan Describe any changes you will make how you implement CQI (i.e. change in the model used) and indicate plans for continuing with a current CQI project or initiating a new one.

Mission Statement

Review (analysis): Indicate that the mission statement was reviewed for continued relevancy. Continued relevance applicability may be affected by: changes in hospital

organization/ownership; change in program resources, particularly financial; population changes; trends in diabetes prevalence. Consider the extent to which the mission statement provides you with direction/guidance relative to program review & planning.

Plan: Indicate “NA” if still applicable; if no longer applicable, “see copy of revised mission statement” or briefly describe the change.

Organizational Structure

Review (analysis): Indicate that it was reviewed and whether or not it is still appropriate versus no longer appropriate and why. To what extent does it meet your needs for hospital integration/support or for continuity of care?

Plan: NA if still meets needs; no longer meets needs “see copy of revised organizational structure” or briefly describe the change.

Target Population Definition: “Individuals or group of individuals for who the educational services are intended”. It is the population who can be best served by you; who you strive to provide services for. It may not be the same as who you provided services to during the past year

Review (analysis): A review of the target population should be part of the annual planning process. The population data section describes whom you provided services to and the extent to which this group represented your target population. The review of the target population should include a description of criteria used to re-evaluate if the current target population should remain the same or should it be changed and the extent to which your program structure and processes continue to meet the needs of those whom you strive to provide services to. Target population determination should be based on the demographics of the community that the program serves, which requires you to identify the extent of the service area. Standard 3 requires programs to “address community concerns” and the characteristics of the community are important. There should be an indication that specific methodologies were used to determine what changes if any, occurred in the community during the past year. Characteristics of the community include, but are not limited to, the following: prevalence of diabetes; ethnic make-up; unemployment rate; numbers of uninsured or underinsured, types of insurance of those who are insured; level of education (literacy). The programs ability (or limitations in this ability) to meet these needs is examined and, if necessary, the target population changed. Making a statement that the population served and the target population were the same and that subsequently there will be no changes, fails to indicate that significant factors relevant to a review of the target population were evaluated. Changes in the hospital or program’s mission statements may affect decisions about who to target.

Plan: Define target population for the year, indicating types of diabetes, age range, race and ethnicity and any other characteristics as applicable.